

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-01-2006 90344 026 ****70.00

DOCUMENT # N00000000458 1. Entity Name STAR FLAMING STAR #387, INC.			
Principal Place of Business 7134 NW 1ST AVE MIAMI, FL 33150		Mailing Address 7134 NW 1ST AVE MIAMI, FL 33150	
2. Principal Place of Business 7134 NW 1st Ave		3. Mailing Address 7134 NW 1st Ave	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL		City & State Miami FL	
Zip 33150		Zip 33150	
Country USA		Country USA	
4. FEI Number 65-0977961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANVIER, WALLY 7134 NW 1ST AVE MIAMI, FL 33150		7. Name and Address of New Registered Agent Name Gerard Medard Street Address (P.O. Box Number is Not Acceptable) 7134 NW 1st Ave City Miami FL Zip Code 33150	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JANVIER, WALLY 7134 NW 1ST AVE MIAMI, FL 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gerard Medard <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEDARD, GENARD 7134 NW 1ST AVE MIAMI, FL 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Elie Marc Jeanty <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAM, JULMISTE 7134 NW 1ST AVE MIAMI, FL 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jn - Jacques M. Jasmin <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELIZAIRE, ALISMA 7134 NW 1ST AVE MIAMI, FL 33150	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patrick William <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 06/09/06 <small>Date Daytime Phone #</small>	

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